

# VA Boston Psychology Postdoctoral Fellowship Training Program

## Training Brochure 2010 – 2011 Training Year



AFFILIATED WITH:  
VA BOSTON HEALTHCARE SYSTEM  
BOSTON UNIVERSITY SCHOOL OF MEDICINE  
AND  
HARVARD MEDICAL SCHOOL



# Postdoctoral Fellowship Training Program

2010 – 2011

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# Fellowship Training Brochure

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2010 - 2011 Edition

## Introduction

Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows an integrated practice format as defined by APA's *Policy Statements and Implementing Regulations*. The Fellowship Program is organized into two separate areas: (1) the substantive traditional practice area of Clinical Psychology, and (2) the specialty practice area of Clinical Neuropsychology. Within the Clinical Psychology Training Program, we offer training in six areas of emphasis ("tracks"): Geropsychology, Integrated Mental Health in Primary Care and Suicide Prevention, Medical Psychology, Post Traumatic Stress Disorder, Returning Veterans and Substance Use, and Substance Abuse. Within the Clinical Neuropsychology Training Program, we offer training in two areas of emphasis ("tracks"): Geriatric Neuropsychology, and Polytrauma and Rehabilitation. Both Training Programs within the overarching structure of the Fellowship Program are accredited by APA. Our next accreditation site visit will be in 2015.

During the 2010 - 2011 training year, the VA Boston Psychology Postdoctoral Fellowship Program anticipates it will provide training for nine full-time Fellows in the traditional practice of Clinical Psychology. We will also provide funding for one full-time Fellow in Clinical Neuropsychology – Geriatric Emphasis. We are pleased to welcome you to our Medical Centers and look forward to your application for admission.

## Philosophy and Mission Statement

The overall goal of the VA Boston Psychology Postdoctoral Fellowship Training Program is to produce independently functioning clinical psychologists. Our postdoctoral program's model for training psychologists entails four broad, core components:

- (1) We work to identify, respect, and nurture the unique personal attributes that the Fellow brings to his or her work with patients, by providing an environment with support and guidance through supervision and collaboration with faculty actively working in the field;
- (2) We encourage and model a scientist-practitioner approach to professional psychology, wherein empirically-informed knowledge informs psychological assessment and intervention with children and adults and wherein questions arising from clinical practice drive research endeavors;
- (3) We provide a range of training settings and experiences that allow Fellows to develop a breadth of expertise in psychological practice, as well as options for developing more specific interests in depth;
- (4) We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical care system.

## Model of Training

The Postdoctoral Fellowship Training Program is committed to the **scientist-practitioner / evidence – based** model in the delivery of clinical care, clinical research, and professional teaching. We emphasize and demonstrate respect for the individual and diversity in the delivery of clinical care, clinical research, and professional teaching. We strive to provide Fellows with significant breadth and depth of experience working with a variety of clinical populations while simultaneously applying an approach utilizing scientific information in the conceptualization, assessment, and treatment of clinical problems. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. VA Boston is home to numerous National Research Centers and Centers of Excellence, with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model and infuses the Fellowship training sites with a spirit of clinical empiricism that influences and guides both the staff and the Fellows.

Within this context, members of the training staff seek, and often achieve, a balance of scientist and practitioner in their professional lives which serves as a clinical-academic model for each Fellow. For example, some of the clinical

experience offered to Fellows in each training program is provided within a program of clinical research. As such, both our training setting, and training model provide a rich context within which Fellows are invited and encouraged to show clinical science mastery in a content area of their choice in preparation for competitive job searches in academic, medical center, or clinical settings.

We believe that teaching Fellows in clinical service, scholarly thinking, and clinical research design is best received and maintained within a “junior colleague” model of training. Our commitment to the Fellows’ professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Fellows are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the Fellow’s full creative participation in all endeavors, scientific and clinical.

A guiding principle in all aspects of service delivery and clinical research within the program is respect and human dignity for our clients. We emphasize patients’ rights, self-determination and the right to choose, including the patient’s right to adequate medical, psychological, educational, recreational and other community services, the patient’s right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation and gender differences in our patients and deliver services accordingly.

Finally, we tailor our training to be consistent with the current climate of clinical practice and research. As we prepare students for practicing psychology in the new millennium, we are aware that Fellows must be trained for delivery of brief, empirically defensible treatments with a broad spectrum of patients. The Fellowship Program’s didactics, symposia, and seminars are utilized effectively towards this end to inform and support the current model of clinical practice. Fellowship offers a window to the realities of clinical research and practice and we believe that the training that alerts Fellows to these external economic, social, and political forces is important for a successful career.

With the preceding in mind, The Fellowship Program operates utilizing the following principles:

- Emphasis on patient-centered care;
- Emphasis on goal-directed treatment and outcomes;
- Emphasis on maximizing individual strengths;
- Emphasis on self-respect and human dignity;
- Emphasis on the patient’s right to adequate medical, psychological, housing, educational, recreational, and other community services;
- Emphasis on patient rights, self-determination, and right to choose;

- Emphasis on active patient and family participation in treatment and in the implementation of plans;
- Emphasis on culturally appropriate services;
- Emphasis on delivery of care in the least restrictive environment;
- Emphasis on the value of peer support and interaction;
- Commitment to personal growth and development.

To achieve these principles, the Fellowship Program assists Fellows in the following ways:

- First, we provide a structured, coherent, and integrated training program designed to develop clinically and academically well-rounded clinical psychologists.
- Second, we provide intensive and systematic training in the application of psychological principles to human problems and expose the Fellow to a variety of patients, techniques, and approaches. This provides an opportunity for Fellows to develop and refine adequacy in conceptual skills, skills in interpersonal interactions such as therapeutic intervention, systematic observation of behavior, and psychological assessment; to develop values of professional responsibility and ethical behavior; and to integrate scholarly research findings in clinical practice.
- Third, we expose Fellows to a diversity of approaches to help them develop critically in their assessment of mental health issues.
- Fourth, we place emphasis on the Fellow's assuming increasing responsibility for setting individualized training goals and in assuming responsibility for major professional functions and patient care in their assigned tracks. We see as one of our major responsibilities to integrate the didactic learning of the university with the practical knowledge and skills of the professional psychologist. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of many doctoral psychologists, dedicated to the supervisory/training process.
- Fifth, we provide ample supervision throughout the Fellowship year.
- Sixth, formal and informal teaching (seminars, lectures, etc.) are an integral component of the training program.



## Training Objectives

Psychology Fellowship training recognizes and values the unique skills and characteristics of doctoral level psychologists, and aims to impart these to Fellows. The doctoral psychologist has advanced and distinctive skills in assessment, diagnosis, intervention, consultation, attention to issues of diversity, supervision, and scholarly inquiry. These skills are practiced in key areas including Post-Traumatic Stress Disorder, Substance Abuse, Geropsychology, Substance Abuse and Returning Veterans, Medical Psychology, Primary Care, and Neuropsychology, in specialty or outpatient settings.

The postdoctoral training program is designed to be consistent with the American Psychological Association's guidelines for six general competency areas to be addressed during Fellowship training. These training objectives provide the basis for Fellows' evaluation of their initial training needs and progress throughout the year, as well as the supervisors' evaluations of each Fellow's progress. This general outline of learning objectives is adapted to the Fellow's particular learning goals during formulation of a training plan at the beginning of the Fellowship year. Below are the six general competency areas:

1. Theories and Effective Methods of Psychological Assessment, Diagnosis, and Interventions
2. Consultation, Program Evaluation, Supervision, and/or Teaching
3. Strategies of Scholarly Inquiry
4. Organization, Management, and Administration Issues Pertinent to Psychological Service Delivery and Practice, Training, and Research
5. Professional Conduct; Ethics and Law; and Other Standards for Providers of Psychological Services
6. Issues of Cultural and Individual Diversity that are Relevant to All of the Above

## Goals of the Fellowship

Each of the Fellowship's programs (Clinical Psychology and Neuropsychology) share common training goals. Sample goals of the Fellowship are:

- To develop a high standard of ethical practice and patient care.
- To promote active participation in the training, clinical services, didactic instruction, administrative, and the overall activities of the Fellowship Training Program.
- To develop professional competence in psychological theory, evaluation, diagnosis, intervention, and assessment.
- To develop professional competence in the delivery of psychological services to a wide range of patients.

- To encourage the development of professional skills in working with, and providing consultation to, other health care specialists within a multidisciplinary medical setting.
- To promote an understanding of individual and cultural diversity and its impact on all components of professional practice.
- To enhance the understanding of the scientific foundations of psychology, including an appreciation of empirically validated interventions, and the ability to contribute to science through research endeavors.
- To prepare the Fellow to be competitive for entry level clinical and academic positions.
- To enable the Fellow to complete Fellowship requirements necessary to apply for state licensure as a psychologist in most states.

## Organization of the Fellowship

All full-time Clinical Psychology Fellows are supported from September 1, 2010 through August 31, 2011. Neuropsychology Fellows are supported from September 1, 2010 through August 31, 2012. The organization of the Fellowship provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below. There is a fair degree of flexibility in how each Fellow might design their training experience with the Track Director's approval, consistent with their interests and training needs. Further, the Fellows benefit from opportunities for collegial learning and collaboration.

In general, the range of time spent in various activities during postdoctoral training is as follows (hours based on a 40-hour work week):

- An average of 10-16 hours per week are spent in direct service to patients (i.e., psychotherapy, assessment, intakes, feedback, etc. ). A minimum of 25% of a fellows' week (10 hours) is to be spent in direct patient care. This minimum direct service requirement meets the licensing requirements set forth by the Commonwealth of Massachusetts, and meets or exceeds licensing requirements of most other states.
- Approximately 4-12 hours per week are spent in support of direct patient care (i.e., chart review, writing progress notes or reports, analysis and scoring of assessment data, etc.)
- Approximately 4-6 hours per week are spent in supervision, at least two hours of which will be individual supervision.
- Approximately 4-10 hours per week are spent in activities of scholarly inquiry.
- Approximately 4-6 hours per week will be spent in other training activities. This consists of time spent in rounds, team meetings and case conferences where patients are presented and discussed. Also included are didactic activities (departmental, fellowship-wide, and/or track specific).

## Clinical Training

Fellows are required to complete clinical activities in three core areas: assessment, intervention, and consultation. The distribution of time is determined jointly by the Fellow and the Training Program's faculty and will integrate the Fellow's training interests and needs.

## Research Training

It has been our experience that Fellows value and benefit from a scientist-practitioner training program which encourages skillful use of the empirical literature and opportunities for collaborative or self-directed research. However, Fellows differ in their level of motivation and interest to work on research during the Fellowship year. Therefore, the research requirement is flexible and designed to meet Fellows' training needs, and may occupy a minimum of 4 hours per week (up to 8 hours per week) of the Fellow's time. To meet the research requirement, Fellows may: collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, or design and implement an independent research project under the mentoring of one faculty member. Fellows are encouraged to present their work in a local, regional, and/or national educational setting, or submit work for publication as appropriate.

## Professional Development and Educational Offerings

All Fellows attend a twice monthly seminar chaired by the Director of Postdoctoral Fellowship Training. Here, we develop a sense of professional community and peer support during the Fellowship training year. Speakers are invited to present didactics on professional development issues, leadership, ethics, diversity and ethnicity, and professional identity. Examples of seminars that have been offered recently include:

- ✦ "Military Culture, Jargon, and Acronyms: A Tutorial in Understanding the Military" Presenter: David Zade, Ph.D.,
- ✦ "Mental Health Administration" Presenter: Jennifer Vasterling, Ph.D.
- ✦ "Understanding the Licensure Process" Presenter: Laura Grande, Ph.D.
- ✦ "Research Productivity and Leadership in Psychology" Presenter: Terrence Keane, Ph.D.
- ✦ "Treating Veterans with TBI" Presenter: Maxine Krengel, Ph.D.
- ✦ "Supervision and Multicultural Issues" Presenter: Rachel Levy-Bell, Ph.D.
- ✦ "Returning Veterans" Presenter: Erin Daly, Ph.D.
- ✦ "Gender Issues in the VA" Presenter: Jillian Shipherd, Ph.D.

- ✦ "African Americans and Mental Health" Presenter: Landis Mitchner, M.D
- ✦ "Competencies for Professional Psychology Practice" Presenter: Michele Karel, Ph.D.
- ✦ "Organizational Ethics and Ethical Leadership" Presenter: Rodney Dismukes, Ph.D.

In addition to the core curriculum, each track has developed training experiences that are intended to assist the Fellow in gaining knowledge and skills in their area of specialization. These training experiences, listed below, include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other specialty areas. For example, the PTSD symposium is open to all staff and students in training. In addition, a number of the seminars conducted through the Predoctoral Internship Program are also available to the postdoctoral students. For example, the half-day symposium on Grant Writing is open to all staff and students.

## The Training Programs

### THE CLINICAL PSYCHOLOGY TRAINING PROGRAM

Under the auspices of the Psychology Service of the VA Boston Healthcare System, the VA Boston Psychology Postdoctoral Fellowship offers postdoctoral training in two separate areas: 1. the substantive traditional practice area of Clinical Psychology, and 2. the specialty practice area of Clinical Neuropsychology. Within the General Clinical Psychology postdoctoral program, opportunities are available for training in six areas of emphasis. These include: Geropsychology, Integrated Mental Health in Primary Care and Suicide Prevention, Medical Psychology, Posttraumatic Stress Disorder, Returning Veterans and Substance Use, and Substance Abuse Treatment. We describe each track below:

#### Geropsychology

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**Location:** VA Boston Healthcare System  
Brockton and Jamaica Plain Campuses

**Overview:** The program aims to train Fellows for specialized practice in Geropsychology by becoming independently practicing psychologists with expertise in assessment, intervention, consultation, and research with older adults, their families, and related care systems. Geropsychology is an emerging specialty area within professional psychology. Our program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2004) and the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009).

**Number of Fellows:** Three full-time Fellows are admitted each year.

**Length of Training:** One year.

**Goals:** The goal of the Geropsychology Postdoctoral Fellowship track is to produce independently functioning professional psychologists who achieve a firm sense of competence in the majority of attitude, knowledge and skill competency areas deemed important for geropsychology practice by experts in the field. The Geropsychology program embraces the four core components of the Fellowship's postdoctoral training model (nurturing unique personal attributes of each Fellow; modeling a scientist-practitioner model of training; providing a range of training settings to allow both breadth and depth of training; and encouraging Fellows to

develop confidence in collaborating and consulting with other disciplines in multidisciplinary and interdisciplinary care environments). Further, Geropsychology training emphasizes: the diversity of experience of older adults; the complex ethical dilemmas that can arise in geriatric care; the importance of advocacy for clients' needs; and the consolidation of the Fellow's professional identity as a geropsychologist. Training objectives include development of clinical competencies in the following areas:

- psychodiagnostic interviews and differential diagnosis with older adults with complex medical, psychiatric, cognitive, and social comorbidities;
- neuropsychological evaluations and recommendations to teams;
- evaluations of decision making and other functional capacities;
- psychotherapy with older adults in individual, group, couple, and family modalities;
- collaboration and communication with multi- and inter-disciplinary health care teams;
- collaboration with psychiatrists in psychopharmacological interventions;
- consultation and staff education on psychological/behavioral issues;
- comprehension, application, and dissemination of clinical geropsychology research base;
- geropsychology program development, evaluation, and/or research;
- supervision of novice counselors beginning work with older adults;
- administration/leadership in clinical, didactic, and/or research team settings

**Teaching Methods:** Fellows develop advanced skills in professional Geropsychology through closely supervised and increasingly autonomous clinical practice across a continuum of geriatric care in assessment, intervention, consultation, and research.

**Clinical Settings:** The amount of time spent weekly in each setting is determined by an initial assessment of the trainee's learning needs and training contract process integrating the Fellow's training interests and needs. Time on each rotation includes at least one hour of individual supervision weekly and, in the Community Living Center rotation, an additional hour of group supervision weekly. Facilities for videotaping and audiotaping clinical work are available. Fellows design a program that includes clinical experience in two to four of the following four settings, working part-time in each rotation over the course of the entire year:

- (1) **Community Living Center:** Based at the Brockton campus, the Community Living Center is a four-unit, ~120 bed inpatient facility that provides long-term care, medical rehabilitation, hospice and palliative care, and a caregiver respite program. The facility serves a broad mix of mostly elderly, medically frail, and psychiatrically and/or cognitively impaired residents. The Fellow participates as a member of the interdisciplinary treatment team for one unit, and provides assessment, therapy, consultation, and staff education services. Fellows also provide supervision to college student "friendly visitors" learning to interview older adults. Opportunities for specialized work in palliative care are available.

*Clinical Supervisors: Kelly Trevino, Ph.D. and Michele Karel, Ph.D.*

- (2) **Geriatric Neuropsychology:** Based at the Jamaica Plain campus but serving all of VA Boston, the Geriatric Research, Education, and Clinical Center (GRECC) oversees a Geriatric Consultation Service and Neuropsychology Research Laboratory, among other programs. The Fellow contributes to interdisciplinary outpatient geriatric assessments by providing neuropsychological testing and relevant feedback and recommendations to the team, veteran, and family.

*Clinical Supervisors: William Milberg, Ph.D., ABPP/cn, Laura Grande, Ph.D., Sue McGlynn, Ph.D., ABPP/cn, Malissa Kraft, Ph.D., Jessica Foley, Ph.D., Nikki Stricker, Ph.D.*

- (3) **Inpatient Geropsychiatry:** Based at the Brockton campus, four inpatient psychiatric units (two acute and two chronic) serve many veterans over the age of 60. Consulting to the interdisciplinary teams on the two units, Fellows primarily provide neuropsychological assessment to older veterans with psychiatric disorders, and veterans with neurological disorders accompanied by secondary psychiatric symptoms. Other training opportunities include provision of risk assessments, evaluations of decision-making capacity (e.g., re: safety to return home to independent living or to make medical care decisions), family consultations, and short-term psychotherapeutic interventions.

*Clinical Supervisor: Michelle Braun, Ph.D.*

- (4) **Geriatric Mental Health Outpatient Clinic:** Based at the Brockton campus, this outpatient clinic provides assessment, psychotherapy (individual, group, and family), case management, and psychopharmacology services to older veterans with a wide range of medical and psychological / psychiatric difficulties. The Fellow provides intake evaluation and psychotherapy services, often collaborating with primary care, social work, and psychiatry providers. Fellows may lead or co-lead psychotherapy groups, including a family caregiver group.

*Clinical Supervisor: Michele Karel, Ph.D.*

Typically, one of the three Geropsychology Fellows focuses relatively more time on neuropsychology training and spends 50-60% time working with the Geriatric Neuropsychology service. In this position, a Fellow who is particularly interested in geriatric neuropsychology has the opportunity to complete both geriatric and adult neuropsychological evaluations and to collaborate on related research; this experience is typically complimented by outpatient psychotherapy training in the Geriatric Mental Health Outpatient Clinic. The other two Geropsychology Fellows typically divide their time over the course of the year between 3-4 of the settings described above.

**Research Experience:** Fellows typically spend one day per week devoted to research, writing, and/or program development activities. As part of the initial training contract, Fellows define academic / research goals for the year and choose a faculty advisor for these activities. To meet the research requirement, Fellows may: write up a paper based on prior work (e.g., dissertation), collaborate with



faculty on ongoing research, collaborate with faculty on a program evaluation project, design and implement an independent research project under the mentoring of one faculty member, write a grant proposal. Fellows are encouraged to present their work in local, regional, and/or national educational settings, and to submit work for publication according to interest. Fellows participate in a biweekly geropsychology research meeting for collegial/peer support, as well as research team meetings for particular projects. There are a variety of ongoing research activities on which the Fellow may collaborate, including:

1. Decisional capacity evaluation in older adults: Identifying key neuropsychological and clinical markers of capacity loss within diagnostic groups, improving performance-based measurement of capacity, and translating this research into practical tools for clinicians, attorneys, and judges.  
*Drs. Jennifer Moye, Ronald Gurrera, Michele Karel*
2. Cancer Survivorship Across the Lifespan: Identifying stress related symptomatology, stress related growth, and adaptation following treatment for cancer; Understanding gaps in mental health care during and after cancer treatment; Improving the transition from primary cancer treatment to primary care; Sexuality and body image after cancer treatment.  
*Drs. Jennifer Moye, Michele Karel, Kelly Trevino, Jennifer Schuster, Elizabeth Archambault*
3. Values and health care planning/decision making, including assessing values relevant to advance care planning and medical decision making; incorporating values assessment into capacity evaluations; palliative care program development and evaluation.  
*Drs. Michele Karel, Jennifer Moye*
4. Neuropsychological and neuroanatomical changes in individuals at risk for cerebrovascular disease; Relating cortical function to dementia risk and cerebrovascular disease; Gender differences in age-related cognitive decline associated with vascular disease risk factors; Effects of age and health on language; Associative learning in individuals with memory disorders; Development of cognitive screening measures for the early identification of cognitive problems in the primary care setting; Cognitive neuropsychology of vision and visual search in healthy and brain injured individuals.  
*Drs. William Milberg, Laura Grande, Elizabeth Leritz, Regina McGlinchey, David Salat*
5. Geriatric depression and PTSD: Examining relationships between depression, anxiety, PTSD symptoms, executive dysfunction, vascular disease and mental health treatment outcome in older adults. Examining these issues in a clinical sample of veterans referred to the geriatric mental health outpatient clinic, and in secondary analysis of PRISMe data.  
*Drs. Jennifer Moye, Mohit Chopra, Armin Azar, Elizabeth Archambault, Michele Karel, Michelle Braun, James Rudolph, William Milberg*



6. Geropsychology training models and professional psychology competency assessment. Developing and evaluating tools to help assess psychologists' development of competencies for professional geropsychology practice.

*Dr. Michele Karel*

7. Psychology of religion and spirituality, including: assessing the relationship between religious coping/spiritual struggles and well-being; religious prejudice and its relationship with religious coping; the use and effects of confession and forgiveness on well-being; incorporating and assessing psycho-spiritual interventions in long-term care settings.

*Dr. Kelly Trevino*

8. Culture Change: Culture change is the transition from a medical model of care to a resident-centered model in the CLC. Research activities include evaluation of measures of culture change, outcomes of culture change programs, and knowledge acquisition following culture change educational programs for staff.

*Drs. Kelly Trevino, Jennifer Moye, Michele Karel*

9. Neuropsychological and psychiatric variables associated with treatment outcome in psychiatric inpatients; psychiatric treatment for veterans with dementia; impact of empirically supported psychotherapy on patient outcomes; developing best-practice psychosocial programming in inpatient psychiatry; organizational factors associated with treatment outcome.

*Dr. Michelle Braun*

There are many additional research programs at VA Boston and affiliated institutions through which Fellows may identify mentors in specific areas of interest.

### **Didactics and Supervision:**

#### **Required:**

- Individual supervision for each rotation - Approximately three hours per week
- Team meetings for clinical rotations - Varies by rotation
- Geropsychology seminar - One hour weekly
- Geropsychology Fellow meeting - One hour monthly
- Community Living Center group supervision - One hour weekly (Community Living Center rotation), including a monthly case conference
- GRECC multidisciplinary conference - One hour biweekly (GRECC rotation)
- Neurobehavioral Aphasia rounds - Two hours biweekly (GRECC rotation)

#### **Available:**

- Geropsychology research support meeting – one hour biweekly
- GRECC seminars - One hour monthly
- Neuropsychology didactics – One hour weekly
- Memory Rounds – One and a half hours monthly
- Neuroimaging Journal Club – One hour weekly
- Brain Cuttings – Trainees typically attend monthly

- Psychiatry Grand Rounds - One and one-half hours biweekly
- Beth Israel Deaconess Medical Center/Harvard Medical School  
Interdisciplinary Center on Aging Grand Rounds - One hour monthly, at Beth Israel Deaconess Medical Center
- Multiple educational offerings at affiliated institutions

## **Integrated Primary Care Behavioral Health and Suicide Prevention**

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**Location:** VA Boston Healthcare System  
West Roxbury and Jamaica Plain Campuses

**Overview:** The postdoctoral Fellow will deliver services through several clinics affiliated with the VABHS General Mental Health (GMH) Program, including the Primary Care Behavioral Health Clinic (PCBH) at the West Roxbury and Jamaica Plain campuses, and the Mood and Anxiety Disorders Clinic (MADC) and Urgent Care Clinic (UCC) at the Jamaica Plain campus. These clinics provide services to large numbers of veterans (e.g., PCBH serves a population of approximately 6000 primary care patients at each campus, over 40% of whom are thought to be in need of mental health services [Hankins et al., 1999]; MADC – approximately 300 referrals per year). The postdoctoral Fellow will devote three days per week to the GMH/MADC/UCC and two days per week to the PCBH.

**Number of Fellows:** One full-time Fellow is admitted each year.

**Length of Training:** One year.

**Goals:** Training will foster the development of assessment, treatment and consultation skills. The Fellowship position is structured to enhance communication across primary care, urgent care and specialty mental health services. The Fellow will develop skill as a liaison between these services to coordinate care, identify and manage patients at high risk for suicide or other violence, and reduce stigma associated with mental health treatment. The Fellow will gain experience in administrative oversight of a mental health clinic, supervision, program development, evaluation of outcomes, and clinical research.

**Integrated Primary Care Behavioral Health:** The PCBH offers co-located, immediate, collaborative mental healthcare within the primary care context. The Fellow will receive training in psychological assessment and brief treatments of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, substance use disorders). Evaluation and treatment in the PCBH is necessarily brief, with a focus on identifying key issues of concern to the primary care patient. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out short-term, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). Mental health care is integrated into existing primary

care treatment, and thus communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on mental health issues and management of suicide risk.

### **Mood and Anxiety Disorders Clinic and Urgent Care Clinic – Suicide**

**Prevention:** Through the MADC and UCC, the Fellow will gain experience in evaluating and treating mood disorders (unipolar and bipolar) and in assessing and managing suicidal risk. The Fellow will complete diagnostic and suicide risk assessments. Assessments include structured clinical interviews (e.g. SCID) and standardized self-report assessments. Treatments are primarily evidence-based (e.g., short-term cognitive-behavioral approaches) and involve both individual and group modalities. The Fellow will have the opportunity to work collaboratively with the Suicide Prevention Coordinator, a member of the GMH/MADC team, to manage patients deemed to be at risk for self-harm. The Fellow will also conduct evaluations in the UCC, which provides a unique opportunity for training in risk assessment and stabilization of acute psychiatric crises. While in the UCC, the Fellow will gain additional experience in consultation, as well as navigation of complex systems issues (e.g., coordinating voluntary or involuntary hospitalization, mandatory reporting.)

**Teaching Methods:** Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic-specific and Fellowship-wide), case conferences and rounds. Live supervision is provided in the UCC. The Fellow will participate in multidisciplinary PCBH and MADC/UCC team meetings that may include psychologists, psychiatrists, social workers, clinical nurse specialists, primary care providers, and other trainees (psychology interns, practicum students, and a psychiatry resident).

**Supervision:** Dr. Melanie Vielhauer is the Director of the GMH Clinic and serves as the Acting Track Director and primary advisor. Dr. Vielhauer and Dr. Barbara Kamholz co-direct the MADC. Dr. Shaun Burns is the Clinical Director of the PCBH. Together, Drs. Vielhauer, Kamholz and Burns provide the leadership for the postdoctoral training program. Drs. Phillip Kleespies and Stephen Lancey, and Ms. Powers-Lupo will provide additional supervision to the postdoctoral Fellow. Dr. Kleespies is a senior psychologist and risk assessment expert affiliated with the UCC and Dr. Stephen Lancey is a senior psychologist on the GMH/MADC team. Ms. Powers-Lupo is one of three Suicide Prevention Coordinators overseeing this key initiative across all sites of VABHS (3 main medical campuses and 6 community-based outpatient clinics). Interaction with multiple supervisors allows the Fellow to work closely with professionals with different areas of expertise.

The Fellow will work closely with staff psychologists in PCBH and GMH/MADC Services and meet regularly for individual supervision. The GMH/MADC and PCBH teams meet weekly and biweekly, respectively, to discuss clinical cases, administrative issues, and current issues in mental health care. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed.

**Research:** Fellows may collaborate with staff on any number of funded and unfunded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Fellows are encouraged to identify research activities that would expand their current skill set. Fellowship supervisors are involved in several areas of ongoing research. Dr. Kamholz serves as Co-Investigator on three federally-funded studies, including a longitudinal study of risk and resilience factors for PTSD and substance use disorders in firefighter recruits (NIMH; PI: Suzy Gulliver) and two clinical trials evaluating combined CBT and pharmacotherapy for patients with co-occurring disorders (anxiety and alcohol use, NIAAA, PI: Domenic Ciraulo; schizophrenia and smoking, VA, PI: Gary Kaplan). In addition, Dr. Kamholz is the PI for a NIDA-funded grant examining the phenomenology psychiatric smokers and a recently-completed VA-funded clinical trial for mood-based smoking cessation treatments. In addition, she collaborates on a VA Career Development grant awarded to Dr. Gabrielle Liverant (another psychologist in the GMH/MADC) that investigates the effects of distinct emotion-regulation strategies in veterans with unipolar depression. Dr. Vielhauer recently served as a Co-Investigator on two studies evaluating mindfulness telehealth interventions for PTSD (Samueli Institute/VA; PI: Barbara Niles) and moderators of health literacy in diabetes management (NIH; PI: Amy Silberbogen). She currently serves as a diagnostic reviewer on a multi-site VHA study examining the consistency and accuracy of PTSD disability examinations (VHA; PI: Theodore Speroff). Research published by Dr. Burns examines the risks and benefits associated with perceptions of health controllability for people living with HIV/AIDS, and obstacles to employment experienced by people living with HIV/AIDS. Dr. Burns' current research explores men's adjustment to chronic and life-threatening illnesses and treatment-related side effects, and the impact of gender norms on men's and women's health and health-related behaviors.

## Medical Psychology

**Track Director:** DeAnna Mori, Ph.D.  
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**Location:** VA Boston Healthcare System  
Jamaica Plain Campus

**Overview:** The Medical Psychology Service provides a broad range of services to medical populations throughout the VA Boston Healthcare System. In addition to participating in specific groups and clinics, postdoctoral Fellows will work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Medical Psychology is short term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do less structured, longer-term treatment.

**Number of Fellows:** One full-time Fellow is admitted each year.

**Length of Training:** One year.

**Goals:** The primary responsibility of the postdoctoral Fellow will be to provide clinical services for men and women who are coping with chronic medical conditions and to facilitate lifestyle change in those patients who are at risk for chronic disease. Fellows will conduct individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The Fellow will learn to develop and carry out evidence-based behavioral medicine treatment plans. Fellows will conduct psychological assessments and complete evaluations for pre-surgical and pre-treatment candidates, and will also have the opportunity to conduct chronic pain, sexual dysfunction, and intake evaluations. Fellows will provide consultation-liaison services to multidisciplinary treatment teams throughout the healthcare system and will develop expertise and confidence in presenting cases at team meetings. To develop administrative skills, Fellows will be given the responsibility to manage both the Renal and Medical Psychology consult service during their training year. In addition, Fellows will be given opportunity to engage in program development activities. Finally, Fellows will gain experience in supervising interns and practicum students.

Fellows will have the opportunity to work with the following clinical programs or populations, in addition to other Medical Psychology patients whose needs do not

fall under one of the specific clinics/programs:

- End Stage Renal Disease Program
- Psychology Pain Management
- Cardiac Rehabilitation Program
- Hepatitis C Clinic
- Weight Management Program
- Diabetes Clinic
- Andrology Clinic
- Healthy Lifestyle Programs (e.g. Stress Management)
- HIV Clinic
- Smoking Cessation

**Teaching Methods:** There are several methods of training for the clinical Fellow. The Fellow will work closely with staff psychologists on the Medical Psychology Service and meet regularly for individual supervision. All of the psychotherapy groups are co-led and the Fellow will participate in group supervision with his/her co-leaders. In some cases, more senior staff will co-lead a group with the Fellow, providing further opportunity for training. Fellows will also participate in multidisciplinary treatment team meetings throughout the hospital, and have the opportunity to learn about chronic conditions from different disciplines (e.g., nurses, psychiatrists, physicians, nutritionists, social workers, etc.). Fellows will learn how to supervise other trainees under the guidance of licensed, clinical staff.

**Research:** Involvement in behavioral health research is an integral part of the Fellow's training. Most of the supervisors on the Medical Psychology Service are funded investigators who are actively involved in clinical research. Fellows are encouraged to identify research activities that would expand their current skill set. There are a wide range of opportunities available to Fellows that include: grant writing, running studies, data analysis, preparing papers and presentations, interfacing with the local IRB board, etc. Areas of ongoing research include: telehealth, diabetes, hepatitis C, exercise and healthy lifestyle promotion, PTSD and comorbid chronic medical conditions, medical adherence, pain, health literacy, and mindfulness.

**Didactics and Supervision:** Dr. DeAnna Mori is the Director of the Medical Psychology Service and provides leadership for the postdoctoral training program. There are a number of licensed supervisors who may also provide supervision: Amy K. Silberbogen, Ph.D., Allison Collins, Ph.D., Erin Ulloa, Ph.D., John Otis, Ph.D., Glenn Trezza, Ph.D., and Stephen Lancey, Ph.D.

Dr. Mori serves as the primary advisor and training supervisor, with other staff psychologists serving as supervisors and consultants to the program. As a result, Fellows are offered the opportunity to work closely with professionals with different areas of expertise. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed. In addition, the entire Medical Psychology team meets weekly to discuss clinical cases, research interests, and current issues in behavioral medicine.



## **Posttraumatic Stress Disorder**

**Track Co-Directors:** Stephen Quinn, Ph.D.  
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Eve H. Davison, Ph.D.  
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**Location:** VA Boston Healthcare System  
Jamaica Plain Campus

**Overview:** Clinical postdoctoral training in PTSD is conducted within the two Divisions of the National Center for PTSD (NCPTSD) located at VA Boston: the Behavioral Science Division (BSD) and the Women's Health Sciences Division (WHSD). As stipulated by Public Law 98-528, the NCPTSD was established to promote research, education, and training on the etiology, assessment, and treatment of PTSD. The NCPTSD has two Divisions: the Behavioral Science Division (BSD), and the Women's Health Sciences Division (WHSD). Each Division is also nationally recognized for developing and validating state-of-the-art assessment and treatment methods to provide specialized services for trauma and PTSD patients. The two separate Divisions have combined their resources to create an integrated training program for fellows with a primary interest in clinical services to PTSD patients.

The clinical postdoctoral Fellowship lasts for one year, and consists of intensive clinical training in the provision of empirically supported treatments to male and female veterans suffering from PTSD and other trauma-related and comorbid disorders. In addition to the direct provision of clinical services, Fellows will serve as members of the Women's Stress Disorder Treatment Team (WSDTT), an interdisciplinary mental health clinic housed in WHSD that collaborates with, and consults to, other mental health and medical care providers in order to address the high rates of medical comorbidities among female trauma survivors. We have found this collaborative and consultative model to be highly effective in coordinating the care of complex clinical cases, and believe that it constitutes a best-practice model of care that is becoming an integral part of the future of VA healthcare. In BSD, fellows may participate in collaborative relationships and treatment provision with The Center for Returning Veterans, the Substance Abuse Treatment Program,



and the Traumatic Brain Injury team. Fellows will also devote equal time to assessment and treatment (individual and group) within BSD. PTSD Fellows also have the opportunity to participate in research in the two Divisions by allocating up to one day per week as protected research time.

**Number of Fellows:** Two full-time Fellows are admitted each year.

**Length of Training:** One year.

**Goals:** Both Fellows split their time between BSD and WHSD. The primary responsibility of clinical Fellows in BSD will be the provision of PTSD-related clinical services to male veterans within BSD's PTSD Clinical Team (PCT). In addition to learning specific techniques and protocols for empirically supported treatments, Fellows are also provided supervision on the ideographic conceptualization of cases, and prioritization of treatment targets. The primary responsibility of clinical Fellows in WHSD will be the provision of psychological services to female veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers through their work in the WSDTT. WSDTT and BSD patients present with a range of comorbid Axis I, Axis II, and medical disorders as well as PTSD. The Fellow will provide an average of 12-16 hours per week of direct clinical service. The clinical services Fellows will provide to veterans include:

- Comprehensive psychological assessments
- Brief, problem-focused intake assessments and consultations
- Short-term interventions and psychotherapy (individual and group)
- Long-term psychotherapy (individual and group)

By the end of the training year, Fellows will have gained mastery of multi-method comprehensive psychological evaluation and treatment of PTSD and other trauma-related problems and comorbidities resulting from exposure to war-zone trauma, sexual assault, and other traumatic events.

**Teaching Methods:** Clinical Fellows will be assigned a primary supervisor within both BSD and WHSD; these two primary supervisors will coordinate the overall training experience to meet the specific needs of the Fellows, and will provide clinical supervision. Fellows will work with at least one additional clinical supervisor in each Division, including group co-therapists. In addition to supervision of clinical cases, supervision will also be provided on methods of effective consultation within a medical center. Clinical consultation with other faculty is also readily available, both formally through regular clinical team meetings and informally. In addition to individual supervision, Fellows can attend weekly group consultation for Cognitive Processing Therapy (CPT) for PTSD.

**Research:** At the beginning of the training year, Fellows will learn about the various ongoing research activities at NCPTSD. Staff conduct research on diverse aspects of trauma, health, and PTSD, addressing basic questions of etiology, mechanisms of action, and course, as well as applied questions related to assessment, prevention, and treatment outcome. Fellows will have the opportunity

to join a research laboratory or to participate in ongoing research with one or more staff members of NCPTSD, and will have up to eight hours of protected research time per week.

**Didactics and Supervision:** See above for supervision details. Additionally, PTSD Fellows participate in the following didactics at the start of the training year:

- NCPTSD resources
- Introduction to BSD and working with male veterans
- Clinical issues related to PTSD assessment
- Use of the Clinician-Administered PTSD Scale (CAPS)
- Introduction to WSDTT and military sexual trauma
- Overview of research conducted within WHSD
- 2-day training in Cognitive Processing Therapy for PTSD
- Psychometrics
- Lethality assessment

## **Returning Veterans and Substance Use**

**Track Director:** Deborah Brief, Ph.D.  
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**Location:** VA Boston Healthcare System  
Jamaica Plain Campus

**Overview:** This one-year clinical postdoctoral Fellowship is designed to train psychologists to provide specialized clinical services for returning veterans with both alcohol and drug problems as well as co-occurring psychiatric disorders including PTSD. The Fellow will have an excellent opportunity to be involved in the development of new treatment programs for returning veterans with substance use problems and co-occurring psychiatric problems, and to participate in program evaluation and/or clinical research focused on the evaluation of new methods of treatment for returning veterans with substance use disorders.

**Number of Fellows:** One full-time Fellow is admitted each year.

**Length of Training:** One year.

**Goals:** The Fellow will learn how to assess the full range of alcohol and drug problems in returning veterans including problem drinking, alcohol and/or drug abuse and dependence. In addition, the Fellow will learn state-of-the-art methods of assessment for PTSD as well as other co-occurring psychiatric disorders. The Fellow will learn how to effectively utilize evidence-based treatments for alcohol and drug use problems such as motivational interviewing, cognitive-behavioral relapse prevention therapy, and behavioral self-control strategies with the returning veteran population. In addition, the Fellow will receive specialized training in evidence-based treatments for substance use disorders and PTSD (e.g., Seeking Safety), PTSD (e.g., Cognitive Processing Therapy), and problems with emotional regulation (e.g., Dialectical Behavior Therapy). The Fellow will have an opportunity to learn how to work in the context of a residential treatment program and in an outpatient setting. Other training activities include learning how to supervise trainees, assistance with program evaluation and performance improvement activities, and clinical research.

At the completion of their Fellowship, Fellows will be able to:

1. Conduct a comprehensive assessment of alcohol and drug use as well as co-occurring psychiatric problems including PTSD
2. Provide evidence-based treatment for returning veterans with alcohol and drug problems in both a group and individual format

3. Provide evidence-based treatment for a wide range of co-occurring psychiatric disorders including PTSD

**Teaching Methods:** Trainees will receive their clinical training in the Substance Abuse Treatment Program (SATP) and the Center for Returning Veterans (CRV) across the Jamaica Plain and Brockton campuses. Supervision will be provided individually and in a group format with faculty from each of these programs. The Fellow will also participate in didactic training through National Center for PTSD (NC-PTSD) through attendance at workshops in Seeking Safety and Cognitive Processing Therapy and lectures on assessment of trauma and trauma-related symptoms, war history, interviewing processes, lethality, and treatment for returning veterans. These programs include an opportunity to interact with numerous staff from psychology, social work and psychiatry.

**Research:** The Fellow will have the opportunity to join a research team that includes faculty in the SATP, CRV and NC-PTSD. Current projects are focused on the application of new technologies to treat problem drinking and other substance use problems in returning veterans, and on improving our understanding of the co-occurring nature of problems in returning veterans. Through this collaboration the Fellow will have an opportunity to participate in the grant application process and to work on the implementation of any projects that are funded in this area. The Fellow will also have an opportunity to develop new ideas for research and work on independent projects related to returning veterans.

## **Substance Abuse Treatment Program**

**Track Director:** Deborah Brief, Ph.D.  
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**Location:** VA Boston Healthcare System  
Jamaica Plain Campus

**Overview:** The one-year clinical postdoctoral Fellowship year in the Substance Abuse Treatment Program (SATP) is designed to provide Fellows with a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems as well as co-occurring psychiatric disorders. The Fellow will work in both residential and outpatient settings and learn to conduct comprehensive assessments, and provide consultation and both group and individual therapy. There is an opportunity to receive training in the provision of supervision, to be involved in program development and performance improvement activities, and to become involved in clinical research. The Fellow works as part of a multidisciplinary treatment team and has a high level of input to clinical decision making.

**Number of Fellows:** One full-time Fellow is admitted each year.

**Length of Training:** One year.

**Goals:** The Fellow will learn how to assess the full range of alcohol and drug problems in returning veterans including problem drinking, and alcohol and/or drug abuse and dependence. The Fellow will provide clinical services to male veterans in the Substance Abuse Residential Rehabilitation Program (SARRTP) and to both male and female veterans in the Outpatient Alcohol and Drug Treatment Program (ADTP). The SATP provides specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques and behavioral self-control strategies. Training is also provided in a wide range of therapies for co-occurring disorders including Seeking Safety, Cognitive Processing Therapy, Mindfulness techniques, and Dialectical Behavior Therapy.

The primary responsibilities of the clinical Fellow will be:

1. Assessment and consultation
2. Group therapy (e.g., relapse prevention, Seeking Safety, DBT)
3. Brief- and long-term individual psychotherapy

Other training activities include:

1. Learning how to supervise trainees
2. Program evaluation and performance improvement activities
3. Clinical research

At the completion of their Fellowship, Fellows will be able to:

1. Conduct a comprehensive assessment of veterans in treatment for alcohol and/or drug use problems;
2. Provide group and individual (both short- and long-term) therapy for individuals with alcohol and drug problems;
3. Provide treatment for co-occurring psychiatric disorders in individuals with an alcohol and/or drug problem;
4. Provide consultation for treatment providers in multidisciplinary settings on problems related to alcohol and drug problems.

**Teaching Methods/Supervision:** There are several methods of training for the clinical Fellow in the Substance Abuse Treatment Program. The Fellow will work closely with at least two mentors and meet on a regular basis for individual supervision. The Fellow will also meet with the clinical staff in rounds for the residential treatment program and in outpatient team meetings. Fellows will have an opportunity to learn how to supervise other trainees under the guidance of licensed clinical staff. Specialized readings are provided to supplement a Fellow's training depending on his or her interests and needs.

**Research:** The Fellow will have the opportunity to collaborate with other faculty on projects related to substance use disorders. Current projects are focused on the application of new technologies to treat problem drinking in returning veterans, treating women veterans with substance use problems, and on improving our understanding of the co-occurring nature of substance use and psychiatric problems in returning veterans. Through this collaboration the Fellow will have an opportunity to participate in the grant application process and to work on the implementation of any projects that are funded in this area. The Fellow will also have an opportunity to develop new ideas for research and work on independent projects related to substance use disorders.

## THE NEUROPSYCHOLOGY TRAINING PROGRAM

The Neuropsychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship program. William Milberg, Ph.D., ABPP/cn is the Director of the Neuropsychology Training Program.

There are two training tracks within the Neuropsychology Training Program - one offering an emphasis in Geriatric Neuropsychology and one with an emphasis in Polytrauma and Rehabilitation. **Please Note: We will be recruiting 1 (one) Neuropsychology Fellow – Geriatric Emphasis for the 2010 Training Year. Fellows will receive general neuropsychological training during this first year; in the second year, the fellow will be able to pursue more focused training in Geriatric Neuropsychology. We are not recruiting for the Polytrauma and Rehabilitation Track.**

### Geriatric Neuropsychology

**Track Director:** Laura Grande, Ph.D.  
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**Location:** VA Boston Healthcare System  
Jamaica Plain Campus

**Overview:** The mission of the training program is to prepare Fellows to function as independent scientists/clinicians in the field of neuropsychology.

**Length of Training:** Two years.

**Goals:** Postdoctoral education and training is designed to provide clinical, didactic, and academic training that will result in an advanced level of competence in the specialty of clinical neuropsychology as well as the education and training necessary for independent practice in the specialty. The postdoctoral Fellowship program is a required component in specialty education in clinical neuropsychology.

The Fellowship includes professional activities within the seven core domains delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. These seven core domains are: assessment, intervention, consultation, supervision, research

and inquiry, consumer protection and professional development. The Fellow, whose professional activities involve working with diverse cultural, ethnic, and linguistic populations, will gain the knowledge and skills to perform those activities competently and ethically. Additionally, Fellows who successfully complete the Clinical Neuropsychology Postdoctoral Fellowship Program will also have fulfilled Houston Conference Guidelines (listed below):

1. Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
2. Development of advanced understanding of brain-behavior relationships;
3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment;
4. A formal evaluation of competency in Criteria 1 through 3;
5. Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology;
6. Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology; and
7. Development of skills required for submission of research grant applications.

**Teaching Methods:** The Fellow will be affiliated with the Neuropsychological Consult Service, the Boston Polytrauma Network Site, and the Geriatric Neuropsychology Laboratory Service that functions within the Geriatric Research, Education, and Clinical Center (GRECC). The Fellow will also be associated with the Aphasia Research Center, Spinal Cord Injury Clinic, Center for Returning Veterans, the Acute Palliative Care Team and the National Center for PTSD.

The first year of the Fellowship program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology. In the second year, the Fellow will have the opportunity to develop more specialized clinical skills and knowledge related to the assessment and treatment of elderly patients, and will have more time to conduct and complete a research project. The Fellow will function as part of the interdisciplinary GRECC team across both Fellowship years.

### **Didactics and Supervision:**

Required:

- Psychology Service Colloquia – One to two hours per month
- Neuropsychology Didactics – One hour per week
- Fellowship Seminar – Four hours per month
- Neurobehavioral Grand Rounds – Four hours per month
- GRECC Multidisciplinary Seminar – Two hours per month
- Polytrauma Team Meeting – One hour per week (mandatory Year 1)



Optional:

- Neuroimaging Journal Club – Three hours per month
- Memory Disorders Research Center Rounds – Two hours per month
- Behavioral Neuroscience Seminar – Two hours per week
- Geriatric Grand Rounds – Two hours per month
- Rehabilitation Psychology Journal Club – One hour per week
- Spinal Cord Injury Grand Rounds – monthly
- Neuroanatomy / Brain Cutting Seminar – monthly
- Traumatic Brain Injury Patient Rounds – Braintree Hospital – Two hours per month.
- Seizure Clinic Rounds – One hour per month
- Human Neuropsychology Courses - Three hours per week

**Research:** Fellows typically spend one day per week devoted to writing and research activities during the first year of Fellowship. During the second year, more time may be dedicated to focused research activities. There are a variety of ongoing research projects on which the Fellow may collaborate.

## **Polytrauma and Rehabilitation**

Please note: Polytrauma and Rehabilitation is **not** recruiting for the 2010-2011 training year.

**Track Co-Directors:** Susan McGlynn, Ph.D., ABPP/cn  
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**Location:** VA Boston Healthcare System  
Jamaica Plain and West Roxbury Campuses

**Overview:** The mission of the training program is to prepare Fellows to function as independent scientists/clinicians in the field of neuropsychology and rehabilitation psychology. This unique Fellowship provides training consistent with both Division 40 (Neuropsychology) and Division 22 (Rehabilitation Psychology) guidelines.

**Length of Training:** Two years.

**Goals:** Postdoctoral education and training is designed to provide clinical, didactic, and academic training that will result in an advanced level of competence in the specialty of clinical neuropsychology and rehabilitation psychology, as well as the education and training necessary for independent practice in these two specialty areas.

Postdoctoral education and training is designed to be consistent with the Fellowship's training mission and guidelines delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. These seven core domains are: assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development. Additionally, Fellows who successfully complete the Clinical Neuropsychology Postdoctoral Fellowship Program will also have fulfilled Houston Conference Guidelines (listed below):

1. Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
2. Development of advanced understanding of brain-behavior relationships;
3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment;
4. A formal evaluation of competency in Criteria 1 through 3;
5. Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology;
6. Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology; and
7. Development of skills required for submission of research grant applications.

Additionally, the Fellowship will also include activities that meet the training specifications delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 22 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. These six core domains are:

1. Theories and effective methods of psychological assessment, diagnosis, and interventions.
2. Consultation, program evaluation, supervision, and/or teaching;
3. Strategies of scholarly inquiry;
4. Organization, management, and administration issues pertinent to psychological service;
5. Professional conduct; ethics and law; and other standards for providers of psychological services;
6. Issues of cultural and individual diversity.

**Teaching Methods:** The Fellow will be affiliated with the Neuropsychological Consult Service, the Boston Polytrauma Network Site, and the Geriatric Neuropsychology Laboratory Service that functions within the Geriatric Research, Education, and Clinical Center (GRECC). The Fellow will also be associated with the Boston Polytrauma Network Site, the Aphasia Research Center, Spinal Cord Injury Service, Center for Returning Veterans, and the National Center for PTSD.

The first year of the Fellowship program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology with a brief introduction to Rehabilitation Psychology. In the second year, the Fellow will have the opportunity to develop more specialized clinical skills and knowledge related to neuropsychology, rehabilitation, and the assessment and treatment of traumatic brain injury, spinal cord injury, polytrauma and PTSD. The rehabilitation focus offers the unique opportunity to translate intervention recommendations into practice and to provide services in an inpatient setting. Psychological interventions will include cognitive rehabilitation and education for the patient and families regarding head injury, PTSD, spinal cord injury, and readjustment. The Fellow will

function as part of the interdisciplinary Polytrauma Team across both Fellowship years. During the second year, the Fellow may serve on the Spinal Cord Injury Team.

### **Didactics and Supervision:**

#### **Required:**

- Psychology Service Colloquia – One to two hours per month
- Neuropsychology Didactics – One hour per week
- Fellowship Seminar – Four hours per month
- Neurobehavioral Grand Rounds – Four hours per month
- Polytrauma Team Meeting – One hour per week
- GRECC Multidisciplinary Seminar – Two hours per month (mandatory Year 1)

#### **Optional:**

- Memory Disorders Research Center Rounds – Two hours per month
- Neuroimaging Journal Club – One hour weekly
- Behavioral Neuroscience Seminar – Two hours per week
- Geriatric Grand Rounds – Two hours per month
- Rehabilitation Psychology Journal Club – One hour per week
- Neuroanatomy/Brain Cutting Seminar – monthly
- Traumatic Brain Injury Patient Rounds – Braintree Hospital – Two hours per month.
- Seizure Clinic Rounds – One hour per month
- Human Neuropsychology Courses – Three hours per week.

**Research:** Fellows typically spend one day per week devoted to writing and research activities during the first year of Fellowship. During the second year, more time may be dedicated to focused research activities. There are a variety of ongoing research projects on which the Fellow may collaborate.

## Review and Remediation Procedures

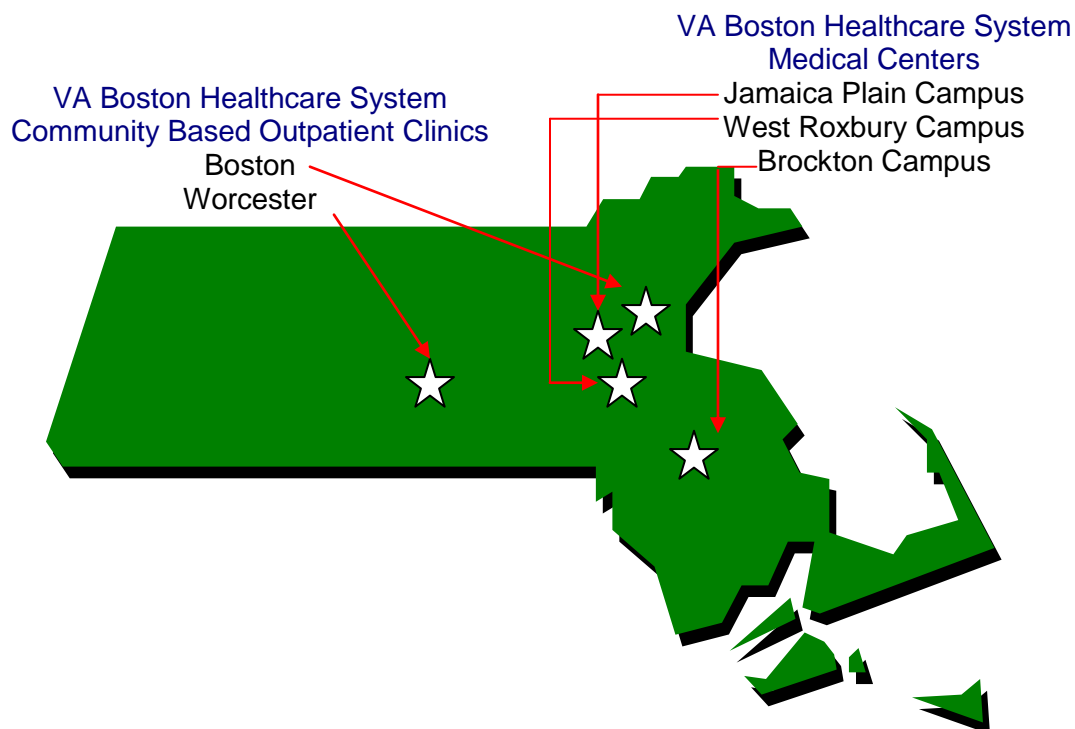
### Evaluation Methods

Postdoctoral Fellows receive formal written evaluation of their progress by each supervisor on a semi-annual basis at the least. Fellows provide written evaluations of the Training Program on a semi-annual basis. Evaluation methods are explained in detail in the Postdoctoral Training Manual that Fellows receive upon arrival.

### Due Process Policy

In the event of a grievance around the evaluation process, the Fellowship Program has a due process policy that outlines both remediation procedures and procedures for Fellows to follow if they have a concern about the review process. The Due Process Policy is incorporated within "Remediation Procedures" that are detailed in the Postdoctoral Training Manual.

## Training Environment



The VA Boston Healthcare System encompasses nine campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in the heart of Boston's Longwood Medical Community; the

West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, six Community Based Outpatient Clinics (CBOCs) located in Worcester, Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

### **Jamaica Plain Campus**

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse problems has recently been approved by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse (a Center of Excellence in Substance Abuse Treatment), nuclear medicine, and a Center for Excellence for oncology/hematology, which includes high voltage radiation therapy/linear accelerator. Two National Centers for Post Traumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division. Additional programs available at Jamaica Plain are a Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom program, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure.

### **West Roxbury Campus**

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Health care System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a "hub and spokes" model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

## **Brockton Campus**

The Brockton Campus offers veterans a wide range of health care options including comprehensive primary care, outpatient mental health services, acute inpatient psychiatry, and long term care. Long term care services include the Community Living Center (nursing home and rehabilitation care), a chronic Spinal Cord Injury (SCI) unit, mental health services, and comprehensive primary care. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for women, one of only four such units available in the entire VA system. This unit, in conjunction with a recently opened outpatient Women's Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women's Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Community Living Center similarly offers respite care programs to veterans throughout New England. The Mental Health services offered at the Brockton Campus are extensive in both the inpatient and outpatient arenas. Offering both chronic and acute inpatient psychiatric programs, and programs in substance abuse, this service was recently named a Center for Excellence for Seriously Mentally Ill veterans.

## **Support Services**

There are a wide variety of support services available to the Fellow. The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The Fellow has access to personal computers at all three Divisions. There are videotaping facilities, including four studios with observation windows, which allow the Fellow to make use of videotaped supervision.

If needed, childcare is available at the Tyke Site at the Brockton Division, the Tot Spot at the West Roxbury Division, and Small World at the Jamaica Plain Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 3 months to 6 years of age. The goal of the centers is to encourage the social, emotional, physical, and intellectual development of each child in an informal setting. Children are allowed to learn at their own pace through experience with a variety of concepts and materials. The centers also promote the growth of each child by placing emphasis on activity and a positive self-image.

## Research Activities

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of \$15 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another \$10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and two National Centers for PTSD. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus. There is very active participation on all campuses in many of the VA's Cooperative Studies Program multi-center clinical trials.

## Living Environment

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose a variety of lifestyles and housing. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24, a major highway connecting with routes to Cape Cod and other southeastern Massachusetts population centers, such as Fall River and New Bedford. The city of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle; housing costs in or near Boston are quite high. Moving out from Boston, the Fellow will encounter more affordable housing and a choice of city, small town, or rural settings.



No matter which setting the Fellow chooses, the cultural, educational and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. Commuter rail from Brockton to South Station in Boston started operation in September of 1998. It is easy to get in and out of Boston to see a play, visit a museum or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the TD Banknorth Garden (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

The Fellowship year often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the Fellowship year.

## Hours, Stipend, and Benefits

Post-doctoral Fellows must have graduated from a doctoral program in Clinical or Counseling Psychology that is accredited by the American Psychological Association. In addition, each Fellow must have completed an internship that was accredited by the American Psychological Association. Those applying who have not yet completed their internship, or who do not possess their doctorate will not be admitted to the Fellowship program.

- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status.
- All Fellows are admitted into the full-time training programs (September 1 through August 31).
- The Postdoctoral Fellowship requires that Fellows must complete 2080 training hours annually, 500 of which need to be in direct clinical care, for satisfactory completion of the program. In addition, Fellows need to receive satisfactory (i.e., a score of "3 - Fair Demonstration" on all six core competencies).
- The stipend, for one full year of training, is **\$43,796** before taxes.
- Fellows are eligible for health insurance at a reduced cost.
- No funds are available for relocation.

- It is anticipated that Fellows will receive faculty appointments at *Boston University School of Medicine* and at *Harvard Medical School* during the training year.
- Benefits include 10 paid holidays, 13 days of annual leave and, if needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12.
- The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

## APA Accreditation

The VA Boston Psychology Postdoctoral Fellowship Training Program is accredited by APA, having received its accreditation in 2009. Our next site visit will be scheduled in 2015. The Office of Program Consultation and Accreditation of the American Psychological Association can be reached at:

Telephone: 202-336-5979

Fax: 202-336-5978.

The office of Program Consultation and Accreditation can be reached online at: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

## Statement of Nondiscrimination

The VA Boston Psychology Postdoctoral Fellowship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

## Application Procedures

Applicants for postdoctoral fellowships must be graduates of APA-accredited doctoral programs in Clinical or Counseling Psychology and must have completed APA-accredited internships. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Applicants must be US citizens. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability, or other minority status.

The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants:

- Breadth and quality of prior general clinical or counseling training
- Quality of experience in the specific area of emphasis to which the applicant applies
- Quality and scope of research productivity
- Evidence of personal maturity and accomplishments
- A clear, thoughtful, and meaningful writing style in application materials
- Goodness of fit between the applicant's professional goals and program training objectives
- Strength of letters of recommendation.

All applications are reviewed for eligibility after materials are received. Applications are distributed to directors of each area of emphasis (e.g., PTSD) where they are reviewed and evaluated by supervising faculty in each emphasis area. Telephone or in-person interviews are offered to top candidates. Applicants are extended offers based on their written application materials and interview presentation.

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period. Applicants are welcome to contact us at any time for updates on their status. We will notify candidates when they are no longer under consideration or when all positions have been filled. Please note that we are not participating in the Postdoc Unified Notification Date at this time.

The application procedure begins with a letter of interest. Your letter should describe:

1. the history of your interest in the specific area(s) of interest
2. any educational, clinical and research experiences relevant to the specific area(s) of interest
3. a self-assessment of your training needs
4. your personal goals for the Fellowship
5. a statement of your career goals

Please note that we encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. **If you are**

**considering applying to 3 or more programs/areas of emphasis, please be in touch with Postdoctoral Training Director, Amy K. Silberbogen, Ph.D., prior to the application deadline to discuss.** If you do submit an application for more than one program or area of emphasis, you should submit separate letters of interest for each program that you are submitting an application to.

**Application materials are due by January 4, 2010.** For **each** Fellowship program in which you wish to be considered for admission, please submit materials below. **Please be sure to include all application materials in one envelope. Materials mailed separately will not be reviewed in a timely manner. We will also not review materials submitted over email:**

1. The letter described above
2. Curriculum Vitae
3. Transcript of graduate work (indicating awarding date of doctoral-degree)
4. Three letters of recommendation - one from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during the pre-doctoral internship.
5. Postdoctoral Fellowship Information Form – Available on-line at <http://www.boston.va.gov/psychologytraining.asp>

The materials should be sent to:

VA Boston Psychology Fellowship Program  
Psychology Service (116B)  
VA Boston Healthcare System  
150 South Huntington Avenue  
Boston, MA 02130  
Email: amy.silberbogen@va.gov  
Phone: (857) 364-4707  
Fax: (857) 364-4408

Should applicants have any questions about psychology training at the postdoctoral level in general, or within VA Boston, you are encouraged to contact the track directors and/or program administrators. Names and email-addresses of faculty can be found on the page immediately following the cover and on the table below.

Finally, applicants are reminded that they should feel free and are welcomed to contact the Fellowship Director to discuss any issue of relevance. Please contact Dr. Amy Silberbogen at [amy.silberbogen@va.gov](mailto:amy.silberbogen@va.gov) or by phone at **(857) 364-4707**.

**Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants' having completed all requirements (clinical, academic, and administrative) for the doctoral degree. Evidence that the degree has been awarded must be provided no later than July 1, 2010 in the form of a copy of the diploma or a written attestation of such from the Department Chair. If

this requirement is not met, the applicant may request a 30-day extension. The Fellowship may or may not agree to the extension. If, at the end of the 30-day extension the applicant has not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process is re-opened and the applicant may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.

One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and September 1. In such case, an extension will be granted.

Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. Our policy has been that the completion of all academic (including acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship year.

Please review the following table carefully for important training program and contact information.

Clinical Psychology Training Program			
Track Name	Application Deadline	Applications Being Accepted	Questions? Contact:
Geropsychology	January 4, 2010	Yes	Michele Karel, Ph.D. <a href="mailto:michele.karel@va.gov">michele.karel@va.gov</a>
PTSD	January 4, 2010	Yes	Steve Quinn, Ph.D. <a href="mailto:steve.quinn@va.gov">steve.quinn@va.gov</a> Eve Davison, Ph.D. <a href="mailto:eve.davison@va.gov">eve.davison@va.gov</a>
Substance Abuse	January 4, 2010	Yes	Deborah Brief, Ph.D. <a href="mailto:deborah.brief@va.gov">deborah.brief@va.gov</a>
Integrated Mental Health in Primary Care and Suicide Prevention	January 4, 2010	Yes	Melanie Vielhauer, Ph.D. <a href="mailto:melanie.vielhauer@va.gov">melanie.vielhauer@va.gov</a>
Medical Psychology	January 4, 2010	Yes	DeAnna Mori, Ph.D. <a href="mailto:deanna.mori@va.gov">deanna.mori@va.gov</a>
Returning Veterans and Substance Use	January 4, 2010	Yes	Deborah Brief, Ph.D. <a href="mailto:deborah.brief@va.gov">deborah.brief@va.gov</a>

Neuropsychology Training Program			
Track Name	Application Deadline	Applications Being Accepted	Questions? Contact:
Neuropsychology: Geriatric Emphasis	January 4, 2010	Yes	Laura Grande, Ph.D. <a href="mailto:laura.grande@va.gov">laura.grande@va.gov</a>
Neuropsychology: Polytrauma and Rehabilitation	N/A	No	Susan McGlynn, Ph.D., ABPP/ABCN <a href="mailto:Susan.mcglynn@va.gov">Susan.mcglynn@va.gov</a> Jennifer Vasterling, Ph.D. <a href="mailto:Jennifer.vasterling@va.gov">Jennifer.vasterling@va.gov</a>

*Thanks for your interest in the  
VA Boston Psychology Fellowship Training Program!*